



01/10/2005 12:47 FAX 213 243 2539

JONES DAY

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34026 7590 12/30/2004

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Victor Mittongtare (Depositor's name)  
*Victor Mittongtare* (Signature)  
January 10, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/488,491	01/20/2000	Michel F. Levesque	825466-100139	4505

TITLE OF INVENTION: TRANSDIFFERENTIATION OF EPIDERMAL BASAL CELLS INTO NEURAL PROGENITOR CELLS, NEURONAL CELLS AND/OR GLIAL CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	03/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHULTZ, JAMES	1635	435-325000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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(A) NAME OF ASSIGNEE

CEDARS-SINAI MEDICAL CENTER

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Angeles, California

01/13/2005 AWONDAF2 00000010 502468 09488491

01 FC:2501

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Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature

*Coe A. Bloomberg*

Date

January 10, 2005

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26,605

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033

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January 10, 2005

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Re: **U.S. PATENT APPLICATION NO. 09/488,491**

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